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**District of Columbia**

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^Admitted in DC & WA Only

#Admitted in DC & FL Only

**REDACTED – FOR PUBLIC INSPECTION**

June 27, 2014

**Via Hand Delivery and ECFS**

Marlene H. Dortch, Secretary  
Office of the Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, SW  
Washington, D.C. 20554

**Re: WC Docket No. 10-90; WC Docket No. 11-42  
2014 ETC Annual Report of Accipiter Communications Inc.  
Study Area Code: 452191**

Dear Ms. Dortch:

On behalf of Accipiter Communications Inc. (“Accipiter”) and pursuant to Sections 54.313 and 54.422 of the Commission’s rules,<sup>1</sup> we are filing the confidential and redacted versions of Accipiter’s FCC Form 481 - Carrier Annual Reporting Data Collection Form. Accipiter seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The attached redacted version is also being filed on this date via the FCC’s Electronic Comment Filing System.

If you have any questions regarding this filing, please contact the undersigned.

Respectfully submitted,

*/s/ Kenneth C. Johnson*

By:

Kenneth C. Johnson  
Bennet & Bennet, PLLC  
6124 MacArthur Boulevard  
Bethesda, MD 20816  
Direct No.: (202) 551-0015

Attachment

<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. §54.313(f)(2).

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**
**REDACTED - FOR PUBLIC INSPECTION**
**FCC Form 481**  
**OMB Control No. 3060-0986/OMB Control No. 3060-0819**  
**July 2013**

<010> Study Area Code 452191

<015> Study Area Name ACCIPITER COMM.

<020> Program Year 2015

<030> Contact Name: Person USAC should contact with questions about this data Jenifer Vellucci

<035> Contact Telephone Number: Number of the person identified in data line <030> 6234554500 ext.

<039> Contact Email Address: Email of the person identified in data line <030> jvellucci@teamzona.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice) 0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband) 0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 452191AZ510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 452191AZ610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 452191AZ1000.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification)

<2005> (complete attached worksheet)

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000> (check to indicate certification)

<3005> (complete attached worksheet)

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	452191
<015>	Study Area Name	ACCIBITER COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	6234554500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzona.com

  

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

  

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

452191AZ112.pdf

  

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	
<114> Report how much universal service (USF) support was received	
<115> How (USF) was used to improve service quality	
<116> How (USF) was used to improve service coverage	
<117> How (USF) was used to improve service capacity	
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	

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<010>	Study Area Code	452191
<015>	Study Area Name	ACCIPITER COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	6234554500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzooa.com

Page 3

[illegible]

Page 5

<010>	Study Area Code	452191
<015>	Study Area Name	ACCIFITER COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	6234554560 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzeta.com

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Page 6

<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	452191
<015>	Study Area Name	ACCIPITER COMM.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	62345594500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzona.com
<810>	Reporting Carrier	Accipiter Communications Inc
<811>	Holding Company	NA
<817>	Operating Company	Zona Communications

[illegible]



(900) Tribal Lands Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	452191
<015>	Study Area Name	ACCIPITER COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	6234554500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@amazona.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)



<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	452191
<015>	Study Area Name	ACCIPITER COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	6234554500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamsona.com

Please check this box to confirm no terrestrial backhaul  
 <1120> options exist within the supported area pursuant to § 54.313(G)
 ☐

Please check this box to confirm the reporting carrier offers  
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps  
 upstream within the supported area pursuant to § 54.313(G)
 ☒

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	452191
<015>	Study Area Name	ACCIPITER COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	6234554500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@eamzons.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

\*Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	Study Area Code	452191
<b>&lt;015&gt;</b>	Study Area Name	ACCIPITER COMM.
<b>&lt;020&gt;</b>	Program Year	2015
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	6234594500 ext.
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@arizona.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<b>Incremental Connect America Phase I reporting</b>		
<b>&lt;2010&gt;</b>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<b>&lt;2011&gt;</b>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<b>Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))</b>		
<b>&lt;2012&gt;</b>	2013 Frozen Support Certification	<input type="checkbox"/>
<b>&lt;2013&gt;</b>	2014 Frozen Support Certification	<input type="checkbox"/>
<b>&lt;2014&gt;</b>	2015 Frozen Support Certification	<input type="checkbox"/>
<b>&lt;2015&gt;</b>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<b>Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))</b>		
<b>&lt;2016&gt;</b>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<b>Connect America Phase II Reporting (47 CFR § 54.313(e))</b>		
<b>&lt;2017&gt;</b>	3rd year Broadband Service Certification	<input type="checkbox"/>
<b>&lt;2018&gt;</b>	5th year Broadband Service Certification	<input type="checkbox"/>
<b>&lt;2019&gt;</b>	Interim Progress Certification	<input type="checkbox"/>
<b>&lt;2020&gt;</b>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	

**<2021>** Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

**REDACTED - FOR PUBLIC INSPECTION**

<b>(3000) Rate Of Return Carrier Additional Documentation</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0586/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	452191
<015> Study Area Name	ACCIPITER CORP.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jennifer Vellucci
<035> Contact Telephone Number - Number of person identified in data line <030>	6214554500 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jvellucci@accipiter.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☒

- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

452191A23015 . pdf

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

- (3023) Underlying information subjected to a review by an independent certified public accountant

☐

- (3024) Underlying information subjected to an officer certification.

☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	452191
<015> Study Area Name	ACCIPITER COMM.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci
<035> Contact Telephone Number - Number of person identified in data line <030>	6234554500 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzona.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form: *
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	452191	
<015> Study Area Name	ACCIPITER COMM.	
<020> Program Year	2015	
<030> Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci	
<035> Contact Telephone Number - Number of person identified in data line <030>	6234554500 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzona.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Jenifer Vellucci</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Jenifer Vellucci
Name of Reporting Carrier:	ACCIPITER COMM.
Signature of Authorized Officer:	CERTIFIED ONLINE Date:
Printed name of Authorized Officer:	Patrick Sherrill
Title or position of Authorized Officer:	President/CEO
Telephone number of Authorized Officer:	6234554500 ext.
Study Area Code of Reporting Carrier:	452191 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	ACCIPITER COMM.
Name of Authorized Agent or Employee of Agent:	Jenifer Vellucci
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date:
Printed name of Authorized Agent or Employee of Agent:	Jenifer Vellucci
Title or position of Authorized Agent or Employee of Agent:	Vice Pres/CFO
Telephone number of Authorized Agent or Employee of Agent:	6234554500 ext.
Study Area Code of Reporting Carrier:	452191 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## *Attachments*



**Redacted – For Public Inspection**  
**Accipiter Communications Inc.**

**(700) Price Offerings Including Voice Rate Data**

**Redacted – For Public Inspection**  
**Accipiter Communications Inc.**

**(710) Broadband Price Offerings**

**Redacted – For Public Inspection**  
**Accipiter Communications Inc.**

**Five-Year Service Quality Improvement Plan**

Accipiter Communications Inc  
SAC 452191

Line 510 – Description of Compliance with Service Quality Standards and Consumer Protection

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Accipiter Communications Inc  
SAC 452191

Line 610 Description of Functionality in Emergency Situations

[REDACTED]

Accipiter Communications Inc  
SAC 452191  
Line 1000

Voice Services Comparability Report

[REDACTED]

[REDACTED]

14.0. SPECIAL HELP PROGRAMS

14.1. Senior Telephone Discount Program (SDTP)

(T)

- 14.1.1. SDTP provides a discount on the basic telephone rates for individual who are age 65 years or older. The discount is applied to local telephone monthly rates as well as to inside wire maintenance and installation charges.
- 14.1.2. To be eligible for the SDTP Program, applicants must be 65 years of age or older, head of the household and fall within or below program guidelines (100% of the Federal Poverty Guidelines).
- 14.1.3. Applications can be obtained at public libraries or using the SDTP website link found on the website <https://www.azdes.gov>, Division of Aging and Adults Services or contact the program at 1-800-582-5706.

14.2. SDTP Regulations

(T)

- 14.2.1. The Low-Income Telephone Assistance credit will begin with the date the Company receives a valid application from the customer or when new service is established for a qualifying customer. The credit will be prorated on the basis of a 30-day month from the effective date of the customer's application.
- 14.2.2. The regular service and equipment charges and regulations applicable to these service offerings specified in this tariff will apply. The service and equipment charges to charge to or from this program due to eligibility status will be waived.

(M)

(M)

(M) Previously shown on Original Sheet 26.



ACCIPITER COMMUNICATIONS, INC.  
GENERAL EXCHANGE TARIFF  
ARIZONA

FIRST REVISED SHEET 26  
REPLACING ORIGINAL SHEET 26

14.0. SPECIAL HELP PROGRAMS (Cont'd)

(N)

14.2. SDTP Regulations (Cont'd)

(N)

(M)

(M)

- 14.2.3. Customers of this service will receive a seventeen percent (17%) reduction on the service and equipment charge once during a calendar year. The credit is applicable only to the customer's principal residence line.

14.3. Reserved for Future Use

(T)

(D)

(D)

(M) Material now shown on First Revised Sheet 25.

14.4. Federal Lifeline Assistance Program

(T)

14.4.1. Federal Lifeline Assistance reduces an eligible customer's monthly rates for local service. An eligible customer receives credit for the Federal Subscriber line Charge as well as a credit towards residential access line rate.

(T)

14.4.2. Federal Lifeline Assistance is available to all residential customers who meet the eligibility requirements set forth on the Universal Service Administrative Company website <http://www.usac.org/li/getting-service/eligibility.aspx> or call (888) 641-8722.

(T)

(T)

(D)

(D)

14.4.3. As a participant in the Federal Lifeline Assistance Program, customers are eligible to receive Toll Restriction Service at no charge. This service will only be provided at the customer's request.

(T)

14.4.4. Local service deposit requirements will be waived for customers who voluntarily receive Toll Restriction Service.

- 14.4. Federal Lifeline Assistance Program (Cont'd) (N)
- 14.4.5. Participants in the Federal Lifeline Assistance Program shall not be disconnected from Local Service for non-payment of toll charges. In addition, the Company will not deny re-establishment of Local Service to customers who are eligible for this assistance and have previously been disconnected for non-payment of toll charges. This assistance will not be connected if an outstanding balance is owed by the customer for local service. (T)
- 14.4.6. Partial payments that are received from Lifeline customers will first be applied to local service charges and then to any outstanding toll charges. (T)
- 14.4.7. The following federal "recurring monthly" credits, totaling \$9.25 will apply for each customer eligible for Lifeline Assistance: (C)
- 14.4.7.1. Federal Subscriber Line Charge Credit:
- Monthly Credit: \$6.50 (C)
- 14.4.7.2. Federal Credit to Residential Access Line
- Monthly Credit: \$2.75 (C)
- 14.4.7.3. Credit amount will not exceed the total Subscriber Line Charge and the Residential Local Exchange rate.

**Redacted – For Public Inspection**  
**Accipiter Communications Inc.**

**Operating Report for**  
**Telecommunications Borrowers**